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PTO/SB/21 (05-03)

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<b>TRANSMITTAL FORM</b> <i>(to be used for all correspondence after initial filing)</i>																																							
Total Number of Pages in This Submission	14	Attorney Docket Number	T00430																																				
<b>ENCLOSURES (check all that apply)</b> <table border="0"> <tr> <td><input checked="" type="checkbox"/> Fee Transmittal Form</td> <td><input type="checkbox"/> Drawing(s)</td> <td><input type="checkbox"/> After Allowance communication to Group</td> </tr> <tr> <td><input type="checkbox"/> Fee Attached</td> <td><input type="checkbox"/> Licensing-related Papers</td> <td><input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences</td> </tr> <tr> <td><input type="checkbox"/> Amendment / Reply</td> <td><input type="checkbox"/> Petition</td> <td><input type="checkbox"/> Appeal Communication to Group (Appeal Notice, Brief, Reply Brief)</td> </tr> <tr> <td><input type="checkbox"/> After Final</td> <td><input type="checkbox"/> Petition to Convert to a Provisional Application</td> <td><input type="checkbox"/> Proprietary Information</td> </tr> <tr> <td><input type="checkbox"/> Affidavits/declaration(s)</td> <td><input checked="" type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address</td> <td><input type="checkbox"/> Status Letter</td> </tr> <tr> <td><input type="checkbox"/> Extension of Time Request</td> <td><input type="checkbox"/> Terminal Disclaimer</td> <td><input checked="" type="checkbox"/> Other Enclosure(s) (please identify below):</td> </tr> <tr> <td><input type="checkbox"/> Express Abandonment Request</td> <td><input type="checkbox"/> Request for Refund</td> <td>Preliminary Amendment</td> </tr> <tr> <td><input type="checkbox"/> Information Disclosure Statement</td> <td><input type="checkbox"/> CD, Number of CD(s) _____</td> <td></td> </tr> <tr> <td><input type="checkbox"/> Certified Copy of Priority Document(s)</td> <td colspan="3">Remarks</td> </tr> <tr> <td><input checked="" type="checkbox"/> Response to Missing Parts/ Incomplete Application</td> <td colspan="3"></td> </tr> <tr> <td><input checked="" type="checkbox"/> Response to Missing Parts under 37 CFR 1.52 or 1.53</td> <td colspan="3"></td> </tr> </table>				<input checked="" type="checkbox"/> Fee Transmittal Form	<input type="checkbox"/> Drawing(s)	<input type="checkbox"/> After Allowance communication to Group	<input type="checkbox"/> Fee Attached	<input type="checkbox"/> Licensing-related Papers	<input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences	<input type="checkbox"/> Amendment / Reply	<input type="checkbox"/> Petition	<input type="checkbox"/> Appeal Communication to Group (Appeal Notice, Brief, Reply Brief)	<input type="checkbox"/> After Final	<input type="checkbox"/> Petition to Convert to a Provisional Application	<input type="checkbox"/> Proprietary Information	<input type="checkbox"/> Affidavits/declaration(s)	<input checked="" type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address	<input type="checkbox"/> Status Letter	<input type="checkbox"/> Extension of Time Request	<input type="checkbox"/> Terminal Disclaimer	<input checked="" type="checkbox"/> Other Enclosure(s) (please identify below):	<input type="checkbox"/> Express Abandonment Request	<input type="checkbox"/> Request for Refund	Preliminary Amendment	<input type="checkbox"/> Information Disclosure Statement	<input type="checkbox"/> CD, Number of CD(s) _____		<input type="checkbox"/> Certified Copy of Priority Document(s)	Remarks			<input checked="" type="checkbox"/> Response to Missing Parts/ Incomplete Application				<input checked="" type="checkbox"/> Response to Missing Parts under 37 CFR 1.52 or 1.53			
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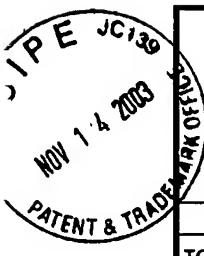
<b>SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT</b>	
Firm or Individual name	Lacasse & Associates, LLC
Signature	
Date	November 14, 2003

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Type or printed	Randy W Lacasse		
Signature		Date	November 14, 2003

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# FEE TRANSMITTAL for FY 2004

Effective 10/01/2003. Patent fees are subject to annual revision.

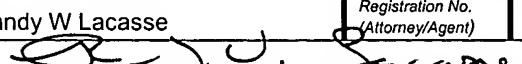
 Applicant Claims small entity status. See 37 CFR 1.27

TOTAL AMOUNT OF PAYMENT (\$130.00)

## Complete if Known

Application Number	10/604,072
Filing Date	6/25/2003
First Named Inventor	Doherty, et al.
Examiner Name	
Art Unit	
Attorney Docket No.	T00430

METHOD OF PAYMENT (check all that apply)					FEE CALCULATION (continued)																																																																																																																																																																																								
<input type="checkbox"/> Check <input type="checkbox"/> Credit card <input type="checkbox"/> Money Order <input type="checkbox"/> Other <input type="checkbox"/> None <input checked="" type="checkbox"/> Deposit Account Deposit Account Number: 12-0010 Deposit Account Name: Lacasse & Associates, LLC					<b>3. ADDITIONAL FEES</b> <table border="1"> <thead> <tr> <th>Large Entity</th> <th>Small Entity</th> <th colspan="3">Fee Description</th> <th>Fee Paid</th> </tr> <tr> <th>Fee Code</th> <th>Fee (\$)</th> <th>Fee Code</th> <th>Fee (\$)</th> <th></th> <th></th> </tr> </thead> <tbody> <tr> <td>1051</td> <td>130</td> <td>2051</td> <td>65</td> <td>Surcharge – late filing fee or oath</td> <td>130</td> </tr> <tr> <td>1052</td> <td>50</td> <td>2052</td> <td>25</td> <td>Surcharge – late provisional filing fee or cover sheet</td> <td></td> </tr> <tr> <td>1053</td> <td>130</td> <td>1053</td> <td>130</td> <td>Non-English specification</td> <td></td> </tr> <tr> <td>1812</td> <td>2,520</td> <td>1812</td> <td>2,520</td> <td>For filing a request for ex parte reexamination</td> <td></td> </tr> <tr> <td>1804</td> <td>920*</td> <td>1804</td> <td>920*</td> <td>Requesting publication of SIR prior to Examiner action</td> <td></td> </tr> <tr> <td>1805</td> <td>1,840*</td> <td>1805</td> <td>1,840*</td> 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SUBMITTED BY						Complete if applicable	
Name (Print/Type)	Randy W Lacasse		Registration No. (Attorney/Agent)	34368	Telephone	(703) 838-7683	
Signature					Date	11/14/2003	

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